

FORM **SIPP-12700**
(7-27-93)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION****1992 PANEL****WAVE 7 QUESTIONNAIRE**

Wave 2-9 Core

NOTICE - Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

P G M 6	1. Book of _____	2. (cc 1) R.O. code ____	3a. (cc 2) PSU ____	Segment ____	Serial ____	Sample ____	Check digit 1 2	b. (cc 3) Add. ID ____				
	4. (cc 17) a. Entry Add. ID ____ b. PERSON Number (cc 18) ____ c. Name (cc 19a) First _____ Middle initial _____											
5. PERSON CHARACTERISTICS - Fill a, b, c, and d using the control card a. Relationship code (cc 19b) _____ b. Date of birth (cc 24) Month _____ Day _____ Year _____ c. Sex code (cc 28) _____ d. Marital status code (cc 26a) _____												
6. Field representative identification <table border="1"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>____</td> <td>____</td> </tr> </table>									Code	Name	____	____
Code	Name											
____	____											

7. PERSON INTERVIEW STATUS**a. Interview**1 ☐ Self2 ☐ Proxy

(Enter person number) _____

SKIP
to 8**b. Noninterview**1 ☐ Type Z refusal2 ☐ Type Z other**8. Date of interview for this person**

____ Month ____ Day

Fill start time in item 9a,
then go to Introduction**9a. Interview time for this person**

Initial visit

Callback visit

Start time →

Finish time →

a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.

b. Total interview time for this person

____ Minutes

10a. Field representative edit time

Start time →

Finish time →

a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.

b. Total edit time

____ Minutes

11a. Pre-interview transcription time

Start time →

Finish time →

a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.

b. Total pre-interview time for transcription

____ Minutes

12. 1 ☐ Phone interview 2 ☐ Personal interview**INTRODUCTION**

FIELD REPRESENTATIVE INSTRUCTIONS - Read introduction once to each respondent.

(As I described during the last interview.) This survey is about the economic situation of people living in the United States. Most of the questions will be about ...s activities during _____, _____, and _____.

Do you have the flashcard pamphlet that we included with the letter? (Allow time for respondent to locate pamphlet.) Please look at Card J. Card J is a calendar that shows the 4 months we will be talking about. This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory, and take your time in answering. For some of the questions, it will help to look up the answers by checking whatever records you have available. (GO TO CHECK ITEM N1.)

**CHECK
ITEM N1**

Does ...s person number begin with a "7"?

PGM 7

0900

1 ☐ Yes2 ☐ No - SKIP to section 1, item 1, page 2**CHECK
ITEM N2**

Was ... missed when household members were listed for Wave 1?

0901

1 ☐ Yes - SKIP to section 1, item 1, page 22 ☐ No**13a. On March 31, 1992, was ... living in an Armed Forces barracks, outside the United States, or in a nonhousehold setting?**

0914

1 ☐ Yes2 ☐ No - SKIP to section 1, item 1, page 2x1 ☐ DKx2 ☐ Ref.

SKIP to section 1, item 1, page 2

ASK OR VERIFY -**b. Which kind of place?**

0916

1 ☐ Armed Forces barracks2 ☐ Outside the United States3 ☐ Nonhousehold setting**NOTES**

Section 1 - LABOR FORCE AND RECIPIENCY

- 1. During the 4-month period outlined on the calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes - Mark "Worked" (code 170) on ISS and SKIP to 4
2 ☐ No

- 2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes
2 ☐ No - SKIP to 3a

- b. (Please look at the calendar.) In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes - SKIP to 3a
2 ☐ No

- d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

1044

- 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other - Specify

- 3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?**

1046

- 1 ☐ Yes - Mark "55" on ISS
2 ☐ No - SKIP to Check Item R2

- b. In which of the months shown on this calendar did . . . do that work?**

Mark (X) all that apply.

1048

1 ☐ Last month

1050

2 ☐ 2 months ago

1052

3 ☐ 3 months ago

1054

4 ☐ 4 months agoCHECK
ITEM R2

Refer to item 2a above.

Did . . . spend any time looking for work or on layoff from a job?

1055

- 1 ☐ Yes - SKIP to 9a, page 4
2 ☐ No - SKIP to Check Item R6, page 4

- 4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**

Note that the person did **not** have to **work** each week.

1056

- 1 ☐ Yes
2 ☐ No - SKIP to 6a

- 5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes
2 ☐ No - SKIP to 8a, page 4

- b. (Please look at the calendar.) In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?**

Mark (X) only one.

1098

- 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other - Specify

SKIP
to
8a,
page
4

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

6a. (Please look at the calendar.) In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1100 <input type="checkbox"/>	1 <input type="checkbox"/>	1112 <input type="checkbox"/>	7 <input type="checkbox"/>	1124 <input type="checkbox"/>	13 <input type="checkbox"/>
1102 <input type="checkbox"/>	2 <input type="checkbox"/>	1114 <input type="checkbox"/>	8 <input type="checkbox"/>	1126 <input type="checkbox"/>	14 <input type="checkbox"/>
1104 <input type="checkbox"/>	3 <input type="checkbox"/>	1116 <input type="checkbox"/>	9 <input type="checkbox"/>	1128 <input type="checkbox"/>	15 <input type="checkbox"/>
1106 <input type="checkbox"/>	4 <input type="checkbox"/>	1118 <input type="checkbox"/>	10 <input type="checkbox"/>	1130 <input type="checkbox"/>	16 <input type="checkbox"/>
1108 <input type="checkbox"/>	5 <input type="checkbox"/>	1120 <input type="checkbox"/>	11 <input type="checkbox"/>	1132 <input type="checkbox"/>	17 <input type="checkbox"/>
1110 <input type="checkbox"/>	6 <input type="checkbox"/>	1122 <input type="checkbox"/>	12 <input type="checkbox"/>	1134 <input type="checkbox"/>	18 <input type="checkbox"/>

b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

1136 1 ☐ Yes
2 ☐ No - SKIP to 7a

c. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar?

Mark (X) all that apply.

1138 <input type="checkbox"/>	1 <input type="checkbox"/>	1150 <input type="checkbox"/>	7 <input type="checkbox"/>	1162 <input type="checkbox"/>	13 <input type="checkbox"/>
1140 <input type="checkbox"/>	2 <input type="checkbox"/>	1152 <input type="checkbox"/>	8 <input type="checkbox"/>	1164 <input type="checkbox"/>	14 <input type="checkbox"/>
1142 <input type="checkbox"/>	3 <input type="checkbox"/>	1154 <input type="checkbox"/>	9 <input type="checkbox"/>	1166 <input type="checkbox"/>	15 <input type="checkbox"/>
1144 <input type="checkbox"/>	4 <input type="checkbox"/>	1156 <input type="checkbox"/>	10 <input type="checkbox"/>	1168 <input type="checkbox"/>	16 <input type="checkbox"/>
1146 <input type="checkbox"/>	5 <input type="checkbox"/>	1158 <input type="checkbox"/>	11 <input type="checkbox"/>	1170 <input type="checkbox"/>	17 <input type="checkbox"/>
1148 <input type="checkbox"/>	6 <input type="checkbox"/>	1160 <input type="checkbox"/>	12 <input type="checkbox"/>	1172 <input type="checkbox"/>	18 <input type="checkbox"/>

d. What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

1174 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other - Specify

7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks, did ... spend any time looking for work or on layoff?

1176 1 ☐ Yes
2 ☐ No - SKIP to 7e

b. In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1178 x5 ☐ All weeks without a job

1180 <input type="checkbox"/>	1 <input type="checkbox"/>	1192 <input type="checkbox"/>	7 <input type="checkbox"/>	1204 <input type="checkbox"/>	13 <input type="checkbox"/>
1182 <input type="checkbox"/>	2 <input type="checkbox"/>	1194 <input type="checkbox"/>	8 <input type="checkbox"/>	1206 <input type="checkbox"/>	14 <input type="checkbox"/>
1184 <input type="checkbox"/>	3 <input type="checkbox"/>	1196 <input type="checkbox"/>	9 <input type="checkbox"/>	1208 <input type="checkbox"/>	15 <input type="checkbox"/>
1186 <input type="checkbox"/>	4 <input type="checkbox"/>	1198 <input type="checkbox"/>	10 <input type="checkbox"/>	1210 <input type="checkbox"/>	16 <input type="checkbox"/>
1188 <input type="checkbox"/>	5 <input type="checkbox"/>	1200 <input type="checkbox"/>	11 <input type="checkbox"/>	1212 <input type="checkbox"/>	17 <input type="checkbox"/>
1190 <input type="checkbox"/>	6 <input type="checkbox"/>	1202 <input type="checkbox"/>	12 <input type="checkbox"/>	1214 <input type="checkbox"/>	18 <input type="checkbox"/>

c. Could ... have taken a job during those weeks if one had been offered?

1216 1 ☐ Yes - SKIP to 7e
2 ☐ No

d. What was the main reason ... could not take a job during those weeks?

Mark (X) only one.

1218 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other - Specify

e. During the weeks that ... did not have a job, did ... do any work at all that earned some money?

1220 1 ☐ Yes - Mark "55" on ISS
2 ☐ No - SKIP to 8a, page 4

f. In which of the months shown on this calendar did ... do that work?

Mark (X) all that apply.

1222 1 ☐ Last month
1224 2 ☐ 2 months ago
1226 3 ☐ 3 months ago
1228 4 ☐ 4 months ago

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

1230

Hours per week
x3 ☐ None } SKIP to Check Item R4
x1 ☐ DK }

**CHECK
ITEM R3**

Refer to item 8a.
Did . . . usually work 35 or more
hours per week?

1231

1 ☐ Yes
2 ☐ No – SKIP to 8c

8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.

1232

1 ☐ Yes
2 ☐ No – SKIP to Check Item R4

c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?

1233

x5 ☐ All weeks

1234

☐ Weeks last month

1235

☐ Weeks 2 months ago

1236

☐ Weeks 3 months ago

1237

☐ Weeks 4 months ago

d. What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

1238

1 ☐ Could not find a full-time job
2 ☐ Wanted to work part time
3 ☐ Health condition or disability
4 ☐ Normal working hours are fewer than 35 hours
5 ☐ Slack work or material shortage
6 ☐ Other – Specify

**CHECK
ITEM R4**

Refer to item 5a, page 2.
(Absent without pay any full weeks.)
The response to item 5a is:

1239

1 ☐ Yes (or blank)
2 ☐ No – SKIP to Check Item R5

9a. During this 4-month period, did . . . receive any State unemployment compensation payments?

1240

1 ☐ Yes – Mark "5" on ISS
2 ☐ No – SKIP to Check Item R5

b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

1242

1 ☐ Yes – Mark "6" on ISS
2 ☐ No

**CHECK
ITEM R5**

Is "Worked" (code 170) marked on
the ISS?

1244

1 ☐ Yes
2 ☐ No – SKIP to Check Item R6

10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?

1246

1 ☐ Yes – Mark "10" on ISS
2 ☐ No

**CHECK
ITEM R6**

Refer to cc items 44–47.
Was an interview obtained for . . . last
reference period?

1248

1 ☐ Yes
2 ☐ No – SKIP to Check Item R11, page 6

**CHECK
ITEM R7**

Refer to item 11b, page 5.
Are any income types listed in the
Income Roster?

1250

1 ☐ Yes
2 ☐ No – SKIP to 12a

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received
(Read income types in item 11b, column (2)) **during** (8 months ago) **through**
(5 months ago).

At any time during the past 4 months, that is _____, **and** _____, **did . . . get income from** (Read income
types in item 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME
TYPE LISTED.

**c. If "No" in column (4) - In
which month did . . .
last receive** (Read
income type)?

Note - The month entered
in 11c must be within the
previous reference period.
Otherwise, if last received
in a month within the
reference period, change
the entry in column (4) to
"Yes" and mark ISS.

b. INCOME ROSTER (ISS CODES 1-56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252	1254 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1255 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256	1258 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1259 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260	1262 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1263 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264	1266 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1267 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268	1270 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1271 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272	1274 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1275 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276	1278 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1279 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280	1282 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1283 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

**12a. At any time during this 4-month
period, did . . . get any income
from the Federal Government
(that we haven't talked about)?**

1284 1 ☐ Yes
2 ☐ No - SKIP to 13a

b. What was it called?
Anything else?

Mark (X) all that apply.

1286 1 ☐ Social Security - Mark "1" on ISS
1288 2 ☐ Federal Supplemental Security Income (Federal SSI) -
Mark "3" on ISS
1290 3 ☐ A serviceman's or widow's pension from the Department of
Veterans Affairs (VA) - Mark "8" on ISS
1292 4 ☐ Anything else - Mark appropriate code on ISS and specify ☐
1294 ☐

**13a. At any time during this 4-month
period, did . . . receive any (other)
pension, disability, retirement, or
survivor income (that we haven't
talked about)?**

1296 1 ☐ Yes
2 ☐ No - SKIP to Check Item R8

**b. What was the source of this
income?**

Anything else?

Mark (X) all that apply.

1298 1 ☐ U.S. Government Railroad Retirement - Mark "2" on ISS
1300 2 ☐ Black Lung payments - Mark "9" on ISS
1302 3 ☐ Workers' Compensation - Mark "10" on ISS
1304 4 ☐ Payments from a sickness, accident or disability insurance
policy purchased on your own - Mark "13" on ISS
1306 5 ☐ Pension from company or union (including income from
profit-sharing plans) - Mark "30" on ISS
1308 6 ☐ Federal Civil Service or other Federal civilian employee
pension - Mark "31" on ISS
1310 7 ☐ U.S. Military retirement pay (exclude payments from the
Department of Veterans Affairs (VA)) - Mark "32" on ISS
1312 8 ☐ National Guard or Reserve Forces retirement - Mark "33"
on ISS
1314 9 ☐ State government pension - Mark "34" on ISS
1316 10 ☐ Local government pension - Mark "35" on ISS
1318 11 ☐ Income from paid-up life insurance policies or annuities -
Mark "36" on ISS
1320 12 ☐ Other or DK - Specify and enter code from income source list.
If income type is not listed or "DK," enter code "38" ☐ - Mark ISS
1322 ☐

**CHECK
ITEM R8**

Refer to cc item 47.
Is "Medicare" (code 172)
marked for . . . ?

1324 1 ☐ Yes - Mark "172" on ISS and SKIP to Check Item R23, page 8
2 ☐ No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	1326	1 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Refer to cc item 24. Is . . . 65 years of age or older?	1328	1 <input type="checkbox"/> Yes – SKIP to 23a, page 8 2 <input type="checkbox"/> No – SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R12
14a. How long did . . . serve on active duty in the Armed Forces?		1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years X1 <input type="checkbox"/> DK
b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 14d
c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336	<input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" X3 <input type="checkbox"/> 0% X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)		1338	1 <input type="checkbox"/> Yes – Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Refer to cc item 24. Is . . . 18 years of age or older?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a
15a. During this 4-month period, did . . . receive any Social Security payments?		1342	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R14
b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – Mark (X) only one.		1344	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 16a X1 <input type="checkbox"/> DK
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?		1346	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason X1 <input type="checkbox"/> DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15d. At what age did . . . begin receiving Social Security because of (his/her) disability?		1349	<input type="text"/> <input type="text"/> Age in years } SKIP to 16a X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15e. During this 4-month period, did . . . receive any Social Security payments especially for . . . 's children (under 18)?		1352	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No
16a. During this 4-month period, did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?		1354	1 <input type="checkbox"/> Yes – Mark "3" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R15
b. Who received the SSI (Supplemental Security Income) payment? Mark (X) only one.		1355	1 <input type="checkbox"/> Adult(s) 2 <input type="checkbox"/> Child(ren) 3 <input type="checkbox"/> Both adult(s) and child(ren)
c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?		1356	1 <input type="checkbox"/> Yes – Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is . . . 40 years of age or older?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

17a. Has . . . ever retired from a job or business? (Include retirement from the military.)	1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R16
b. During the 4-month period, did . . . receive any retirement income other than Social Security?	1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17d
c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i>	1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union (including income from profit sharing plans) – Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension – Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension – Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS 1380 <input type="text"/> <input type="text"/>
d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382 1 <input type="checkbox"/> Yes – Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?	1384 1 <input type="checkbox"/> Yes – SKIP to Check Item R17 2 <input type="checkbox"/> No
18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386 1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R17
b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
c. What kind of income? Anything else? <i>Mark (X) all that apply.</i>	1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1392 2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS 1394 3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS 1396 4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS 1398 5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 1406 8 <input type="checkbox"/> State government pension – Mark "34" on ISS 1408 9 <input type="checkbox"/> Local government pension – Mark "35" on ISS 1410 10 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS 1412 <input type="text"/> <input type="text"/>
CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?	1414 1 <input type="checkbox"/> Married – SKIP to 20 2 <input type="checkbox"/> Widowed – SKIP to 22a, page 8 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R18, page 8
19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	1416 1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R18, page 8 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R18, page 8 x2 <input type="checkbox"/> Ref.
20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? <i>If "Yes," mark previous marital status.</i>	1418 1 <input type="checkbox"/> Widowed – SKIP to 22a, page 8 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R21, page 8

Section 1 – LABOR FORCE AND RECIPENCY (Continued)			
CHECK ITEM R18	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R19
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	<input type="checkbox"/> Yes – Mark "28" on ISS <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R21
22a.	(Please look at Card K in the flashcard pamphlet.) During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to Check Item R21 x1 <input type="checkbox"/> DK
b.	What kind of income was this? Was there anything else? <i>(Read all of Flashcard K if necessary.) Mark (X) all that apply.</i>	1428 1430 1432 1434 1436 1438 1440 1442 1444 1446 1448 1450 1452	<input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS <input type="checkbox"/> Black Lung payments – Mark "9" on ISS <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS <input type="checkbox"/> State government pension – Mark "34" on ISS <input type="checkbox"/> Local government pension – Mark "35" on ISS <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" → Mark ISS <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>
CHECK ITEM R20	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	<input type="checkbox"/> Yes – SKIP to 23a <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 years old or over. Was . . . covered by Medicare?	1462	<input type="checkbox"/> Yes – Mark "172" on ISS <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R23
b.	Could you please read me the claim number and type of coverage indicated on . . . 's Medicare card?	★	<div style="margin-bottom: 10px;"> 1464 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - 1466 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - 1467 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div> TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) <input type="checkbox"/> Card not available – ASK 23c </div> <div style="float: right; margin-top: -40px;">} SKIP to Check Item R23</div>
c.	If I were to call later, would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474	<input type="checkbox"/> Yes – SKIP to Check Item R25 <input type="checkbox"/> No

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27a, page 10
CHECK ITEM R25	Interview status of . . . 's spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to Check Item R27
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes - SKIP to 25a 2 <input type="checkbox"/> No
24.	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes - Mark "27" on ISS 2 <input type="checkbox"/> No
25a.	(Other than what we have already mentioned,) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC - Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief - Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance - Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care - Mark "23" on ISS 5 <input type="checkbox"/> WIC - Mark "25" on ISS 6 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "24" - Mark ISS [] []
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	1 <input type="checkbox"/> Yes - SKIP to 26b 2 <input type="checkbox"/> No
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes - Mark "173" on ISS and SKIP to 26c 2 <input type="checkbox"/> No - SKIP to Check Item R28
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1503	1 <input type="checkbox"/> Yes - Mark "173" on ISS 2 <input type="checkbox"/> No - SKIP to Check Item R28
c.	Could you please read me the claim number indicated on . . . 's (Use local name for Medicaid) card?	1504 1506	[] [] [] - [] [] - 1505 [] [] [] [] [] [] [] [] [] x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1507	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R29
26d.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R29
e.	Which children were covered?	1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR Person No. Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
CHECK ITEM R29	Refer to items 26a-26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27a, page 10
26f.	Was (. . . /and) . . . 's children covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes - SKIP to 27a, page 10 2 <input type="checkbox"/> No
g.	In which months was (. . . /and) . . . 's children covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

27a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)	<div style="display: flex; justify-content: space-between;"> <div> 1536 </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R30 </div> </div>
ASK OR VERIFY b. Was . . . covered by a health insurance plan during the entire 4-month period?	<div style="display: flex; justify-content: space-between;"> <div> 1538 </div> <div> <input type="checkbox"/> Yes – SKIP to 27d <input type="checkbox"/> No </div> </div>
c. In which months was . . . covered? Mark (X) all that apply.	<div style="display: flex; justify-content: space-between;"> <div> 1540 1542 1544 1546 </div> <div> <input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago </div> </div>
d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?	<div style="display: flex; justify-content: space-between;"> <div> 1547 </div> <div> <input type="checkbox"/> Plan in own name – SKIP to 27f <input type="checkbox"/> Someone else's plan <input type="checkbox"/> Both – SKIP to 27f </div> </div>
e. Whose plan covered . . . ?	<div style="display: flex; justify-content: space-between;"> <div> 1548 </div> <div> Household member Person No. Name <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> </div> <div> } SKIP to Check Item R30 </div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Not a Household member </div>
f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?	<div style="display: flex; justify-content: space-between;"> <div> 1549 </div> <div> <input type="checkbox"/> Current employer or union <input type="checkbox"/> Former employer <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> Military <input type="checkbox"/> Other <input checked="" type="checkbox"/> DK </div> <div> } SKIP to 27h </div> </div>
g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?	<div style="display: flex; justify-content: space-between;"> <div> 1550 </div> <div> <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None </div> </div>
h. Was . . . 's plan an individual plan or a family plan?	<div style="display: flex; justify-content: space-between;"> <div> 1552 </div> <div> <input type="checkbox"/> Individual – SKIP to Check Item R30 <input type="checkbox"/> Family </div> </div>
i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)	<div style="display: flex; justify-content: space-between;"> <div> 1554 1556 1558 1560 1562 1564 1566 </div> <div> <input checked="" type="checkbox"/> All persons Person No. Name <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> </div> <div> <input checked="" type="checkbox"/> None </div> </div>
j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? If "Yes," "Who did the plan cover?" Mark (X) all that apply.	<div style="display: flex; justify-content: space-between;"> <div> 1567 1568 1569 1570 </div> <div> <input type="checkbox"/> Yes, spouse <input type="checkbox"/> Yes, child(ren) <input type="checkbox"/> Yes, someone else <input type="checkbox"/> No </div> </div>

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R30

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children under 15 years old who live in this household?

1572

1 ☐ Yes

2 ☐ No - SKIP to Check Item R31, page 12

ASK OR VERIFY -

27k. Were all of . . . 's children under 15 years old covered by a health insurance plan?

(Include CHAMPUS, CHAMPVA, and military plans.)

(Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)

1574

1 ☐ Yes - SKIP to 27m

2 ☐ No

l. Which children were covered by a health insurance plan?

Person No. Name

1575

1576

1577

1578

1579

OR

1580

x3 ☐ None - SKIP to Check Item R31, page 12

m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?

1581

1 ☐ Yes - Which children?

Person No. Name

1582

1583

1584

1585

1586

1587

2 ☐ No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R31**

Refer to item 28b.

Are any assets listed in the Asset Roster?

1588

1 ☐ Yes

2 ☐ No – SKIP to 29a

28a. According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) **during** (8 months ago) **through** (5 months ago).

At any time during the past 4 months, that is _____, **and** _____, **did . . . still own (have)** (Read asset types in item 28b, column (2))? (Exclude IRA, Keogh, and 401K accounts.)

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

b. ASSET ROSTER (ISS CODES 100–150, 174)

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)
1		1590	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
2		1594	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
3		1598	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
4		1602	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
5		1606	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
6		1610	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
7		1614	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
8		1618	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No

29a. (Please look at Card N in the flashcard pamphlet.) (In addition to the assets we have already mentioned,) **At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on Card N?** (Exclude assets held in IRA, Keogh, and 401K accounts.)

(Read all of Flashcard N if necessary.)

1622

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref.

SKIP to 30a

b. Which kinds of these assets did . . . own?
Any others?

(Exclude IRA, Keogh, and 401K accounts.)

1626

1 ☐ Regular or passbook savings accounts – Mark "100" on ISS

1628

2 ☐ Money market deposit accounts – Mark "101" on ISS

1630

3 ☐ Certificates of deposit or other savings certificates – Mark "102" on ISS

1632

4 ☐ Interest-earning checking accounts (such as NOW or Super NOW accounts) – Mark "103" on ISS

1636

5 ☐ Money market funds – Mark "104" on ISS

1638

6 ☐ U.S. Government securities – Mark "105" on ISS

1640

7 ☐ Municipal or corporate bonds – Mark "106" on ISS

1642

8 ☐ Mortgages – Mark "130" on ISS

1644

9 ☐ U.S. Saving Bonds (E, EE) – Mark "174" on ISS

1646

10 ☐ Other interest-earning assets – Mark "107" on ISS and specify

1648

11 ☐ Stocks or mutual fund shares – Mark "110" on ISS

1650

12 ☐ Rental property – Mark "120" on ISS

1652

13 ☐ Royalties – Mark "140" on ISS

1654

14 ☐ Other financial investments – Mark "150" on ISS and specify

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)	1656 1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No - SKIP to Check Item R32
b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i>	1658 1 <input type="checkbox"/> All months 1660 2 <input type="checkbox"/> Last month 1662 3 <input type="checkbox"/> 2 months ago 1664 4 <input type="checkbox"/> 3 months ago 1666 5 <input type="checkbox"/> 4 months ago
c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i>	1668 1 <input type="checkbox"/> Elementary grades 1-8 } SKIP to Check Item R32 2 <input type="checkbox"/> High school grades 9-12 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school
31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?	1670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R32
b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1672 1 <input type="checkbox"/> GI Bill - Mark "40" on ISS 1674 2 <input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) - Mark "41" on ISS 1676 3 <input type="checkbox"/> College Work Study - Mark "175" on ISS 1678 4 <input type="checkbox"/> PELL Grant - Mark "176" on ISS 1680 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) - Mark "177" on ISS 1682 6 <input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) - Mark "178" on ISS 1684 7 <input type="checkbox"/> Stafford Loan or Guaranteed Student Loan - Mark "179" on ISS 1686 8 <input type="checkbox"/> Parent Loan to Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) - Mark "180" on ISS 1688 9 <input type="checkbox"/> Assistance from . . . 's employer - Mark "181" on ISS 1690 10 <input type="checkbox"/> Fellowship/Scholarship - Mark "182" on ISS 1692 11 <input type="checkbox"/> Other financial aid - Mark "183" on ISS
CHECK ITEM R32 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?	1694 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R33
ASK OR VERIFY - 32. Is . . . 's spouse in the Armed Forces?	1696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM R33 Are any codes (excluding codes 171-173, 200-201) marked on the ISS?	1698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34a
33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171-173, 200-201). Is that correct?	1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Probe and resolve (Make corrections to ISS if necessary)
b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?	1702 1 <input type="checkbox"/> Yes - SKIP to 34b 2 <input type="checkbox"/> No - SKIP to Check Item E1, page 15
34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?	1704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Topical Module Statement A, page 56
b. What kind of income did . . . receive? Anything else?	Enter codes from income source list and mark ISS. 1706 <input type="text"/> <input type="text"/> <input type="text"/> 1708 <input type="text"/> <input type="text"/> <input type="text"/> 1710 <input type="text"/> <input type="text"/> <input type="text"/>

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

Is "Worked" (code 170) marked on ISS?

1712

- 1 ☐ Yes
2 ☐ No – *SKIP to first ISS Code marked or
Topical Module Statement A, page 56*

**1a. You said . . . worked during the 4-month
period. Was . . . working for an employer or
was . . . self-employed?**

**(Include unpaid worker in family business or
farm as working for an employer.)**

1714

- 1 ☐ Worked for employer only
2 ☐ Self-employed only – *SKIP to Statement B,
page 20*
3 ☐ Both worked for employer and self-employed

**b. How many different employers did . . . work for
during this 4-month period?**

1716

- 1 ☐ 1 employer
2 ☐ 2 employers
3 ☐ 3 or more employers

**CHECK
ITEM E2**

Refer to item 1a above.

Is "Both worked for employer and
self-employed" (box 3) marked?

1718

- 1 ☐ Yes
2 ☐ No – *SKIP to 2a, page 16*

STATEMENT A

**. . . worked for an employer and was also self-employed. The first questions
will be about . . .'s work for an employer.**

NOTES

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A1 – EMPLOYER IDENTIFICATION NUMBER 1			
2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8	Employer name	
	2000		
CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8	Employer I.D. No.	
	2002		
CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?	PGM 8	1 <input type="checkbox"/> Yes	
	2003	2 <input type="checkbox"/> No – SKIP to 2c	
2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8	1 <input type="checkbox"/> Yes	
	2004	2 <input type="checkbox"/> No – SKIP to 3a	
c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8		
	2005		
ASK OR VERIFY – d. Is it mainly –	PGM 8	1 <input type="checkbox"/> Manufacturing?	
	2006	2 <input type="checkbox"/> Wholesale Trade?	
		3 <input type="checkbox"/> Retail Trade?	
		4 <input type="checkbox"/> Some other kind of business?	
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8		
	2008		
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8		
	2010		
ASK OR VERIFY – g. Was . . . an employee of –	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual?	
	2012	2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?	
		3 <input type="checkbox"/> Federal government (exclude Armed Forces)?	
		4 <input type="checkbox"/> State government?	
		5 <input type="checkbox"/> Local government?	
		6 <input type="checkbox"/> Armed Forces?	
		7 <input type="checkbox"/> Unpaid in family business or farm?	
ASK OR VERIFY – 3a. Was . . . employed by (Name of employer) during the entire 4-month period?	PGM 7	1 <input type="checkbox"/> Yes – SKIP to 4	
	2014	2 <input type="checkbox"/> No	
b. When was . . . employed by (Name of employer) during this 4-month period?	2016	FROM	Month
	2018		Day
	2020	TO	Month
	2022		Day
CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No – SKIP to 4	
3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i>	2024	1 <input type="checkbox"/> Laid off	
		4 <input type="checkbox"/> Job was temporary and ended	
		2 <input type="checkbox"/> Retired	
		5 <input type="checkbox"/> Quit to take another job	
		3 <input type="checkbox"/> Discharged	
		6 <input type="checkbox"/> Quit for some other reason	
ASK OR VERIFY – 4. How many hours per week did . . . usually work at this job?	2025	Hours	
		x3 <input type="checkbox"/> None	
		x1 <input type="checkbox"/> DK	
5. Was . . . paid by the hour on this job?	2026	1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No – SKIP to 7a	
6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	2028	\$.	
		x1 <input type="checkbox"/> DK	
		x2 <input type="checkbox"/> Ref. – SKIP to 9a	
7a. During the 4-month period, how often was . . . paid on this job?	2029	1 <input type="checkbox"/> Once a week	
		2 <input type="checkbox"/> Once each 2 weeks	
		3 <input type="checkbox"/> Once a month	
		4 <input type="checkbox"/> Twice a month	
		5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E5	
		6 <input type="checkbox"/> Some other way – Specify	
b. On what date was . . . last paid during this 4-month period?	2030	Month	2031 Day
		x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.	x2 <input type="checkbox"/> Ref.
		x4 <input type="checkbox"/> Not paid during this reference period – SKIP to 9a	x4 <input type="checkbox"/> Not paid during this reference period – SKIP to 9a

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



LAST MONTH

2032 \$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

FIELD REPRESENTATIVE USE ONLY

\$.00
\$.00
\$.00
\$.00
\$.00
Total \$.00

2 MONTHS AGO

2034 \$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00
\$.00
\$.00
\$.00
\$.00
Total \$.00

3 MONTHS AGO

2036 \$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00
\$.00
\$.00
\$.00
\$.00
Total \$.00

4 MONTHS AGO

2038 \$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00
\$.00
\$.00
\$.00
\$.00
Total \$.00

CHECK ITEM E4

Is "DK" marked in all parts of item 8a?

- 2040 1 ☐ Yes
2 ☐ No – SKIP to 9a

8b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

- 2042 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3a
2 ☐ No

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

- 2044 1 ☐ Yes – SKIP to Check Item E5
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

- 2046 1 ☐ Yes
2 ☐ No

CHECK ITEM E5

Number of employers in item 1b, page 15?

- 2048 1 ☐ 1 employer – SKIP to Check Item E8, page 19
2 ☐ 2 or more employers

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8	Employer name
	2100	
CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8	Employer I.D. No.
	2102	
CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?	PGM 8	1 <input type="checkbox"/> Yes
	2103	2 <input type="checkbox"/> No – SKIP to 10c
10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8	1 <input type="checkbox"/> Yes
	2104	2 <input type="checkbox"/> No – SKIP to 11a
c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8	
	2105	
ASK OR VERIFY – d. Is it mainly –	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2106	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8	
	2108	
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8	
	2110	
ASK OR VERIFY – g. Was . . . an employee of –	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual?
	2112	2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?
		3 <input type="checkbox"/> Federal government (exclude Armed Forces)?
		4 <input type="checkbox"/> State government?
		5 <input type="checkbox"/> Local government?
		6 <input type="checkbox"/> Armed Forces?
		7 <input type="checkbox"/> Unpaid in family business or farm?
ASK OR VERIFY – 11a. Was . . . employed by (Name of employer) during the entire 4-month period?	PGM 7	1 <input type="checkbox"/> Yes – SKIP to 12
	2114	2 <input type="checkbox"/> No
b. When was . . . employed by (Name of employer) during this 4-month period?	2116	FROM <input type="text"/> Month <input type="text"/> Day
	2120	TO <input type="text"/> Month <input type="text"/> Day
CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 12
11c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.	2124	1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended
		2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job
		3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason
ASK OR VERIFY – 12. How many hours per week did . . . usually work at this job?	2125	<input type="text"/> Hours
		x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
13. Was . . . paid by the hour on this job?	2126	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 15a
14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?	2128	\$ <input type="text"/> . <input type="text"/>
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to 17a
15a. During the 4-month period, how often was . . . paid on this job?	2129	1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way – Specify <u> </u>
		2 <input type="checkbox"/> Once each 2 weeks
		3 <input type="checkbox"/> Once a month
		4 <input type="checkbox"/> Twice a month
		5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E8
b. On what date was . . . last paid during this 4-month period?	2130	<input type="text"/> Month <input type="text"/> Day
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.
		x4 <input type="checkbox"/> Not paid during this reference period – SKIP to 17a
	2131	<input type="text"/> Day
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.
		x4 <input type="checkbox"/> Not paid during this reference period – SKIP to 17a

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



LAST MONTH

2132 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2134 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2136 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2138 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

2140 1 ☐ Yes
2 ☐ No – SKIP to 17a

16b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2142 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3b
2 ☐ No

17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2144 1 ☐ Yes – SKIP to Check Item E8
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2146 1 ☐ Yes
2 ☐ No

CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

2148 1 ☐ Yes – Read Statement B, page 20
2 ☐ No – SKIP to first ISS Code or Topical Module Statement A, page 56

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

STATEMENT B You said . . . was (also) self-employed during this 4-month period.

1a. What was the name of . . . 's business/ professional practice/farm?
(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8 Business name

2200

CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number.

PGM 8 Business I.D. No.

2201

CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?

PGM 8 1 ☐ Yes

2202 2 ☐ No – SKIP to 1c

1b. Have . . . 's main activities or duties for this business changed during the past 8 months?

PGM 8 1 ☐ Yes

2203 2 ☐ No – SKIP to 1g

c. What kind of business was this?

PGM 8

2204

ASK OR VERIFY –

d. Is it mainly –

PGM 8 1 ☐ Manufacturing?

2206 2 ☐ Wholesale Trade?

3 ☐ Retail Trade?

4 ☐ Some other kind of business?

e. What kind of work was . . . doing at this business?

PGM 8

2208

f. What were . . . 's most important activities or duties at this business?

PGM 8

2210

ASK OR VERIFY –

g. How many hours per week did . . . usually work at this business?

PGM 7

2212 Hours

X3 ☐ None

X1 ☐ DK

2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

2214 1 ☐ Yes

2 ☐ No – SKIP to 10

X1 ☐ DK

Gross earnings include sales and receipts before expenses.

CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?

2216 1 ☐ Yes – SKIP to 6a

2 ☐ No

3. What was the total number of employees working for this business? Be sure to include . . .

2218 Employees

X1 ☐ DK

Enter 999 if 1,000 or more employees.

4a. Was . . . 's business incorporated?

2220 1 ☐ Yes – SKIP to 5a

2 ☐ No

b. Was . . . 's business a sole proprietorship or a partnership?

2222 1 ☐ Sole proprietorship – SKIP to 6a

2 ☐ Partnership

5a. Aside from . . . were any other members of this household owners or partners in this business?

2224 1 ☐ Yes

2 ☐ No – SKIP to 6a

b. Which members?

Person No. Name

2226

2228

2230

6a. Was . . . paid a regular salary from this business during the 4-month period?

2232 1 ☐ Yes

2 ☐ No

b. Did . . . receive any (other) income from the business during this 4-month period?

2234 1 ☐ Yes

2 ☐ No

CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?

2236 1 ☐ Yes

2 ☐ No – SKIP to Check Item S5

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?

NOTE – Include total gross earnings before any deductions.



LAST MONTH

2238 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

2 MONTHS AGO

2240 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

3 MONTHS AGO

2242 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

4 MONTHS AGO

2244 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE
USE ONLY

\$.00

\$.00

\$.00

\$.00

Total \$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

**CHECK
ITEM S4**

Is "DK" marked in all parts of item 7?

2246

1 ☐ Yes

2 ☐ No – SKIP to Check Item S5

8. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2248

1 ☐ Yes – Mark Reminder Card and Callback Summary, Item 4a

2 ☐ No

**CHECK
ITEM S5**

Refer to item 4a, page 20.

Is this business incorporated?

2250

1 ☐ Yes – SKIP to 11

2 ☐ No

**CHECK
ITEM S6**

Has information about the net profit (or loss) for this business already been obtained from another household member?

2252

1 ☐ Yes – SKIP to 11

2 ☐ No

9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

2254

1 ☐ Yes

2 ☐ No – SKIP to 11

b. What was the net profit or loss?

If "broke even," enter \$1 in box.

2256

\$. 00

2258

x4 ☐ Loss in amount box

} SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

2262

1 ☐ Yes

2 ☐ No – SKIP to first ISS Code or Statement A, page 56

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	PGM 8	Business name								
	2300									
CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	PGM 8	Business I.D. No.								
	2301									
CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?	PGM 8	1 <input type="checkbox"/> Yes								
	2302	2 <input type="checkbox"/> No – SKIP to 12c								
12b. Have . . . 's main activities or duties for this business changed during the past 8 months?	PGM 8	1 <input type="checkbox"/> Yes								
	2303	2 <input type="checkbox"/> No – SKIP to 12g								
c. What kind of business was this?	PGM 8									
	2304									
ASK OR VERIFY – d. Is it mainly –	PGM 8	1 <input type="checkbox"/> Manufacturing?								
	2306	2 <input type="checkbox"/> Wholesale Trade?								
		3 <input type="checkbox"/> Retail Trade?								
		4 <input type="checkbox"/> Some other kind of business?								
e. What kind of work was . . . doing at this business?	PGM 8									
	2308									
f. What were . . . 's most important activities or duties at this business?	PGM 8									
	2310									
ASK OR VERIFY – g. How many hours per week did . . . usually work at this business?	PGM 7									
	2312	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Hours</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK </div>								
13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i>	2314	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21 x1 <input type="checkbox"/> DK								
CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?	2316	1 <input type="checkbox"/> Yes – SKIP to 17a 2 <input type="checkbox"/> No								
14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i>	2318	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Employees</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div>								
15a. Was . . . 's business incorporated?	2320	1 <input type="checkbox"/> Yes – SKIP to 16a 2 <input type="checkbox"/> No								
b. Was . . . 's business a sole proprietorship or a partnership?	2322	1 <input type="checkbox"/> Sole proprietorship – SKIP to 17a 2 <input type="checkbox"/> Partnership								
16a. Aside from . . . , were any other members of this household owners or partners in this business?	2324	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a								
b. Which members?		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Person No.</th> <th style="width: 85%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2326</td> <td><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">2328</td> <td><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">2330</td> <td><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> </tr> </tbody> </table>	Person No.	Name	2326	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	2328	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	2330	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Person No.	Name									
2326	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>									
2328	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>									
2330	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>									
17a. Was . . . paid a regular salary from this business during the 4-month period?	2332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
b. Did . . . receive any (other) income from the business during this 4-month period?	2334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?	2336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S11								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.		FIELD REPRESENTATIVE USE ONLY	
<p>The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)?</p> <p>NOTE – Include total gross earnings before any deductions.</p>		<p style="text-align: center;">LAST MONTH</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 2338 \$ <input style="width: 60px; border: 1px solid black;" type="text"/> . <input style="width: 30px; border: 1px solid black;" type="text"/> </div> <p> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Total \$.00</div>
<p style="text-align: center;">2 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 2340 \$ <input style="width: 60px; border: 1px solid black;" type="text"/> . <input style="width: 30px; border: 1px solid black;" type="text"/> </div> <p> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </p>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Total \$.00</div>	
<p style="text-align: center;">3 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 2342 \$ <input style="width: 60px; border: 1px solid black;" type="text"/> . <input style="width: 30px; border: 1px solid black;" type="text"/> </div> <p> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </p>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Total \$.00</div>	
<p style="text-align: center;">4 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 2344 \$ <input style="width: 60px; border: 1px solid black;" type="text"/> . <input style="width: 30px; border: 1px solid black;" type="text"/> </div> <p> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </p>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$.00</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Total \$.00</div>	
CHECK ITEM S10	Is "DK" marked in all parts of item 18? <div style="float: right;"> 2346 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item S11 </div>		
19. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)	2348 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4b <input type="checkbox"/> No		
CHECK ITEM S11	Refer to item 15a, page 22. Is this business incorporated? <div style="float: right;"> 2350 <input type="checkbox"/> Yes – SKIP to first ISS Code or Statement A, page 56 <input type="checkbox"/> No </div>		
CHECK ITEM S12	Has information about the net profit (or loss) for this business already been obtained from another household member? <div style="float: right;"> 2352 <input type="checkbox"/> Yes – SKIP to first ISS Code or Statement A, page 56 <input type="checkbox"/> No </div>		
20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?		2354 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to first ISS Code or Statement A, page 56	
b. What was the net profit or loss? If "broke even," enter \$1 in box.		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 2356 <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> \$ <input style="width: 60px; border: 1px solid black;" type="text"/> . <input style="width: 30px; border: 1px solid black;" type="text"/> </div> </div> <div style="margin-right: 10px;"> 2358 <input type="checkbox"/> Loss in amount box </div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> SKIP to first ISS Code or Statement A, page 56 </div> </div>	
21. About how much did . . . earn from this business after expenses during the 4-month period?		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 2360 <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> \$ <input style="width: 60px; border: 1px solid black;" type="text"/> . <input style="width: 30px; border: 1px solid black;" type="text"/> </div> </div> <div style="margin-right: 10px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> SKIP to first ISS Code or Statement A, page 56 </div> </div>	

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.

(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)

Income code Name of income type

3000

**CHECK
ITEM A1**

Mark (X) income type code.

3002

- 1 ☐ ISS Code 1 or 2 (SS or RR)
 2 ☐ ISS Code 25 (WIC) - SKIP to 13a, page 27
 3 ☐ ISS Code 27 (Food Stamps) - SKIP to 11a, page 26
 4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4
 5 ☐ Other ISS Codes - SKIP to Check Item A4.1

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent or guardian of children under age 18?

3004

- 1 ☐ Yes
 2 ☐ No - SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?

3006

- 1 ☐ Yes
 2 ☐ No - SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3008

- 1 ☐ Yes
 2 ☐ No - SKIP to 9a, page 26

**CHECK
ITEM A3**

Refer to cc item 26a.

Is . . . married?

3010

- 1 ☐ Yes
 2 ☐ No - SKIP to Check Item A4.1

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?

3012

- 1 ☐ Yes
 2 ☐ No - SKIP to Check Item A4.1

**CHECK
ITEM A4**

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?

3014

- 1 ☐ Yes - SKIP to next ISS Code or Statement A, page 56
 2 ☐ No

**CHECK
ITEM A4.1**

Refer to item 11b, page 5.

Is this income source listed on the income roster?

3015

- 1 ☐ Yes - ASK 5b
 2 ☐ No - ASK 5a

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?

Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.

b. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE - Social Security and SSI payments may be adjusted for inflation each January.

5c. Some persons receive more than one payment per month for certain income types.

► For ISS codes 1 or 2 (SS or RR) read -

How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.

► For all other ISS codes read -

How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.

(Last month)

3016

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3018 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

(2 months ago)

3020

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3022 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

(3 months ago)

3024

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3026 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

(4 months ago)

3028

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3030 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3032	<input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Statement A, page 56
6a. Were all the people living here covered by ...'s payments?		3034	<input type="checkbox"/> Yes - SKIP to Check Item A6 <input type="checkbox"/> No
b. Which persons were covered?			
		3036	Person No. Name
		3038	
		3040	
		3042	
		3044	
		3046	
		3048	
		3050	
		3052	
		3054	
CHECK ITEM A6	Is this ISS Code "8"?	3056	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Statement A, page 56
7a. What type of Veterans' payments did ... receive?		3058	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		3060	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	3062	<input type="checkbox"/> Yes - SKIP to Check Item A7 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does ...'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		3064	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
b. Do ...'s payments usually come on the first of the month or the third?		3066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3068	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Statement A, page 56
NOTES			

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

3070 1 ☐ Yes
2 ☐ No
X1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

3072 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3074 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3076 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3078 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3080 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3082 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3084 \$. 00
X1 ☐ DK
X2 ☐ Ref.

10a. Were all children living here covered by these payments?

3086 1 ☐ Yes – SKIP to next ISS Code or Statement A, page 56
2 ☐ No

b. Which children were covered?

Person No.	Name
3088	
3090	
3092	
3094	
3096	
3098	

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under . . . 's food stamp allotment?

3100 1 ☐ Yes – SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

Person No.	Name
3102	
3104	
3106	
3108	
3110	
3112	
3114	
3116	

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

3121 1 ☐ Yes – ASK 12b
2 ☐ No – ASK 12a

**12a. In which month, during the 4-month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

**b. Did . . . receive food stamps in (Read each
month)?**

NOTE – Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

3122 1 ☐ Yes
2 ☐ No
x1 ☐ DK

**12c. If "Yes" in item 12b, ask – What
was the total amount?**

3124 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

3126 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3128 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

3130 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3132 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

3134 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3136 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

**13a. Did . . . receive any WIC benefits in (Read each
month)?**

Mark (X) all that apply.

3138 1 ☐ Last month
3140 2 ☐ 2 months ago
3142 3 ☐ 3 months ago
3144 4 ☐ 4 months ago

b. Which persons were covered?

Person No. Name

3146

3148

3150

3152

3154

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>3200 <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/></p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3202 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 31 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 30 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>3204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 30</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3214 1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Statement A, page 56 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p>3215 1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p> </div> <div style="width: 48%;"> <p>5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p> </div> </div>	
<p>(Last month)</p>	<p>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3218 \$ <input style="width: 100px;" type="text"/> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3222 \$ <input style="width: 100px;" type="text"/> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3226 \$ <input style="width: 100px;" type="text"/> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3230 \$ <input style="width: 100px;" type="text"/> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3232	<input type="checkbox"/> ISS Code 1 or 2 - <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - <i>SKIP to next ISS Code or Statement A, page 56</i>																						
6a. Were all the people living here covered by ...'s payments?		3234	<input type="checkbox"/> Yes - <i>SKIP to Check Item A6</i> <input type="checkbox"/> No																						
b. Which persons were covered?		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: center;">Person No.</th> <th style="width: 10%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">3236</td><td></td></tr> <tr><td style="text-align: center;">3238</td><td></td></tr> <tr><td style="text-align: center;">3240</td><td></td></tr> <tr><td style="text-align: center;">3242</td><td></td></tr> <tr><td style="text-align: center;">3244</td><td></td></tr> <tr><td style="text-align: center;">3246</td><td></td></tr> <tr><td style="text-align: center;">3248</td><td></td></tr> <tr><td style="text-align: center;">3250</td><td></td></tr> <tr><td style="text-align: center;">3252</td><td></td></tr> <tr><td style="text-align: center;">3254</td><td></td></tr> </tbody> </table>	Person No.	Name	3236		3238		3240		3242		3244		3246		3248		3250		3252		3254		
Person No.	Name																								
3236																									
3238																									
3240																									
3242																									
3244																									
3246																									
3248																									
3250																									
3252																									
3254																									
CHECK ITEM A6	Is this ISS Code "8"?	3256	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Statement A, page 56</i>																						
7a. What type of Veterans' payments did ... receive?		3258	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments																						
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		3260	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <i>SKIP to next ISS Code or Statement A, page 56</i> </div>																						
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	3262	<input type="checkbox"/> Yes - <i>SKIP to Check Item A7</i> <input type="checkbox"/> No																						
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does ...'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		3264	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																						
b. Do ...'s payments usually come on the first of the month or the third?		3266	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																						
CHECK ITEM A7	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3268	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Statement A, page 56</i>																						
NOTES																									

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

3270 1 ☐ Yes
2 ☐ No
x1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

3272 \$ 00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

3274 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3276 \$ 00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

3278 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3280 \$ 00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

3282 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3284 \$ 00
x1 ☐ DK
x2 ☐ Ref.

10a. Were all children living here covered by these payments?

3286 1 ☐ Yes – SKIP to next ISS Code or Statement A, page 56
2 ☐ No

b. Which children were covered?

	Person No.	Name
3288		
3290		
3292		
3294		
3296		
3298		

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under ...'s food stamp allotment?

3300 1 ☐ Yes – SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3302		
3304		
3306		
3308		
3310		
3312		
3314		
3316		

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3321

- 1 ☐ Yes – ASK 12b
2 ☐ No – ASK 12a

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

b. Did . . . receive food stamps in (Read each month)?

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3322

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(2 months ago)

3326

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(3 months ago)

3330

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(4 months ago)

3334

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

12c. If "Yes" in item 12b, ask – What was the total amount?

3324

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3328

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3332

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3336

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3338

1 ☐ Last month

3340

2 ☐ 2 months ago

3342

3 ☐ 3 months ago

3344

4 ☐ 4 months ago

b. Which persons were covered?

3346

Person No. Name

3348

3350

3352

3354

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</p>	<p>Income code Name of income type</p> <p>3400 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3402 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 35 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 34 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>3404 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3406 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 34</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3412 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3414 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 56 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p>3415 1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b. b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>
<p>(Last month)</p>	<p>3416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3418 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3422 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3426 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3430 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3432	<input type="checkbox"/> ISS Code 1 or 2 - <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - <i>SKIP to next ISS Code or Statement A, page 56</i>
6a. Were all the people living here covered by . . . 's payments?		3434	<input type="checkbox"/> Yes - <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
b. Which persons were covered?		Person No.	Name
		3436	
		3438	
		3440	
		3442	
		3444	
		3446	
		3448	
		3450	
		3452	
		3454	
CHECK ITEM A6	Is this ISS Code "8"?	3456	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Statement A, page 56</i>
7a. What type of Veterans' payments did . . . receive?		3458	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3460	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3462	<input type="checkbox"/> Yes - <i>SKIP to Check Item A7</i> <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		3464	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input checked="" type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3466	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input checked="" type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Statement A, page 56</i>

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

3470 1 ☐ Yes
2 ☐ No
X1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

3472 \$ 00

X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3474 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3476 \$ 00

X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3478 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3480 \$ 00

X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3482 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3484 \$ 00

X1 ☐ DK
X2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

10a. Were all children living here covered by these payments?

3486 1 ☐ Yes – SKIP to next ISS Code or Statement A, page 56
2 ☐ No

b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under ...'s food stamp allotment?

3500 1 ☐ Yes – SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

3521

- 1 ☐ Yes – ASK 12b
2 ☐ No – ASK 12a

**12a. In which month, during the 4-month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

**b. Did . . . receive food stamps in (Read each
month)?**

NOTE – Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

3522

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(2 months ago)

3526

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(3 months ago)

3530

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(4 months ago)

3534

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

**12c. If "Yes" in item 12b, ask – What
was the total amount?**

3524

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3528

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3532

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3536

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

**13a. Did . . . receive any WIC benefits in (Read each
month)?**

Mark (X) all that apply.

3538

- 1 ☐ Last month

3540

- 2 ☐ 2 months ago

3542

- 3 ☐ 3 months ago

3544

- 4 ☐ 4 months ago

b. Which persons were covered?

3546

Person No. Name

3548

3550

3552

3554

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>3600 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3602 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 39 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 38 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>3604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 38</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3614 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 56 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p>3615 1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p> </div> <div style="width: 48%;"> <p>5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p> </div> </div>	
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3618 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3622 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3626 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3630 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3632	<input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Statement A, page 56</i>
6a. Were all the people living here covered by . . . 's payments?		3634	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
b. Which persons were covered?		Person No.	Name
		3636	
		3638	
		3640	
		3642	
		3644	
		3646	
		3648	
		3650	
		3652	
		3654	
CHECK ITEM A6	Is this ISS Code "8"?	3656	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Statement A, page 56</i>
7a. What type of Veterans' payments did . . . receive?		3658	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3660	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3662	<input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		3664	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3666	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 36. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Statement A, page 56</i>
NOTES			

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month)

3670 1 ☐ Yes
2 ☐ No
X1 ☐ DK

9b. If "Yes" in item 9a - How much was received?

3672 \$ 00
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3674 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3676 \$ 00
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3678 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3680 \$ 00
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3682 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3684 \$ 00
X1 ☐ DK
X2 ☐ Ref.

10a. Were all children living here covered by these payments?

3686 1 ☐ Yes - SKIP to next ISS Code or Statement A, page 56
2 ☐ No

b. Which children were covered?

	Person No.	Name
3688	<input type="text"/>	<input type="text"/>
3690	<input type="text"/>	<input type="text"/>
3692	<input type="text"/>	<input type="text"/>
3694	<input type="text"/>	<input type="text"/>
3696	<input type="text"/>	<input type="text"/>
3698	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under ...'s food stamp allotment?

3700 1 ☐ Yes - SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3702	<input type="text"/>	<input type="text"/>
3704	<input type="text"/>	<input type="text"/>
3706	<input type="text"/>	<input type="text"/>
3708	<input type="text"/>	<input type="text"/>
3710	<input type="text"/>	<input type="text"/>
3712	<input type="text"/>	<input type="text"/>
3714	<input type="text"/>	<input type="text"/>
3716	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3721

- 1 ☐ Yes - ASK 12b
2 ☐ No - ASK 12a

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

b. Did . . . receive food stamps in (Read each month)?

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3722

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12c. If "Yes" in item 12b, ask - What was the total amount?

3724

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

3726

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3728

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

3730

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3732

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

3734

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3736

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3738

- 1 ☐ Last month

3740

- 2 ☐ 2 months ago

3742

- 3 ☐ 3 months ago

3744

- 4 ☐ 4 months ago

b. Which persons were covered?

Person No. Name

3746

3748

3750

3752

3754

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</p>	<p>Income code Name of income type</p> <p>3800 </p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3802 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 43 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 42 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 42</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3814 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 56 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p>3815 1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p> </div> <div style="width: 48%;"> <p>5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p> </div> </div>	
<p>(Last month)</p>	<p>3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3818 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3822 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3826 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3830 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3832	<input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Statement A, page 56
6a. Were all the people living here covered by ...'s payments?		3834	<input type="checkbox"/> Yes - SKIP to Check Item A6 <input type="checkbox"/> No
b. Which persons were covered?		Person No.	Name
3836			
3838			
3840			
3842			
3844			
3846			
3848			
3850			
3852			
3854			
CHECK ITEM A6	Is this ISS Code "8"?	3856	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Statement A, page 56
7a. What type of Veterans' payments did ... receive?		3858	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		3860	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	3862	<input type="checkbox"/> Yes - SKIP to Check Item A7 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does ...'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		3864	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
b. Do ...'s payments usually come on the first of the month or the third?		3866	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 40. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3868	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month)

3870 1 ☐ Yes
2 ☐ No
X1 ☐ DK

9b. If "Yes" in item 9a - How much was received?

3872 \$ 00
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3874 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3876 \$ 00
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3878 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3880 \$ 00
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3882 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3884 \$ 00
X1 ☐ DK
X2 ☐ Ref.

10a. Were all children living here covered by these payments?

3886 1 ☐ Yes - SKIP to next ISS Code or Statement A, page 56
2 ☐ No

b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under ...'s food stamp allotment?

3900 1 ☐ Yes - SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3921

1 ☐ Yes - ASK 12b

2 ☐ No - ASK 12a

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

b. Did . . . receive food stamps in (Read each month)?

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3922

1 ☐ Yes

2 ☐ No

X1 ☐ DK

(2 months ago)

3926

1 ☐ Yes

2 ☐ No

X1 ☐ DK

(3 months ago)

3930

1 ☐ Yes

2 ☐ No

X1 ☐ DK

(4 months ago)

3934

1 ☐ Yes

2 ☐ No

X1 ☐ DK

12c. If "Yes" in item 12b, ask - What was the total amount?

3924

\$. 00

X1 ☐ DK

X2 ☐ Ref.

3928

\$. 00

X1 ☐ DK

X2 ☐ Ref.

3932

\$. 00

X1 ☐ DK

X2 ☐ Ref.

3936

\$. 00

X1 ☐ DK

X2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3938

1 ☐ Last month

3940

2 ☐ 2 months ago

3942

3 ☐ 3 months ago

3944

4 ☐ 4 months ago

b. Which persons were covered?

3946

Person No. Name

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</p>	Income code	Name of income type
	4000	
<p>CHECK ITEM A1 Mark (X) income type code.</p>	4002	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 47</p> <p>3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 46</p> <p>4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</p> <p>5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	4004	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	4006	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	4008	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 9a, page 46</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	4010	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	4012	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	4014	<p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 56</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	4015	<p>1 <input type="checkbox"/> Yes – ASK 5b</p> <p>2 <input type="checkbox"/> No – ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b. b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>		<p>5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>
(Last month)	4016	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
(2 months ago)	4020	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
(3 months ago)	4024	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
(4 months ago)	4028	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
	4018	<p>\$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
	4022	<p>\$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
	4026	<p>\$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
	4030	<p>\$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	4032	<input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Statement A, page 56
6a. Were all the people living here covered by ...'s payments?		4034	<input type="checkbox"/> Yes - SKIP to Check Item A6 <input type="checkbox"/> No
b. Which persons were covered?		Person No.	Name
4036			
4038			
4040			
4042			
4044			
4046			
4048			
4050			
4052			
4054			
CHECK ITEM A6	Is this ISS Code "8"?	4056	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Statement A, page 56
7a. What type of Veterans' payments did ... receive?		4058	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		4060	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	4062	<input type="checkbox"/> Yes - SKIP to Check Item A7 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does ...'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		4064	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
b. Do ...'s payments usually come on the first of the month or the third?		4066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	4068	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

4070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

4072 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

4074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4076 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

4078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4080 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

4082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4084 \$. 00
x1 ☐ DK
x2 ☐ Ref.

10a. Were all children living here covered by these payments?

4086 1 ☐ Yes – SKIP to next ISS Code or Statement A, page 56
2 ☐ No

b. Which children were covered?

	Person No.	Name
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under ...'s food stamp allotment?

4100 1 ☐ Yes – SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

	Person No.	Name
4102	<input type="text"/>	<input type="text"/>
4104	<input type="text"/>	<input type="text"/>
4106	<input type="text"/>	<input type="text"/>
4108	<input type="text"/>	<input type="text"/>
4110	<input type="text"/>	<input type="text"/>
4112	<input type="text"/>	<input type="text"/>
4114	<input type="text"/>	<input type="text"/>
4116	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

4121

- 1 ☐ Yes - ASK 12b
2 ☐ No - ASK 12a

**12a. In which month, during the 4 month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

**b. Did . . . receive food stamps in (Read each
month)?**

NOTE - Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

4122

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

**12c. If "Yes" in item 12b, ask - What
was the total amount?**

4124

\$ 00

- x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

4126

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4128

\$ 00

- x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

4130

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4132

\$ 00

- x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

4134

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4136

\$ 00

- x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

**13a. Did . . . receive any WIC benefits in (Read each
month)?**

Mark (X) all that apply.

4138

1 ☐ Last month

4140

2 ☐ 2 months ago

4142

3 ☐ 3 months ago

4144

4 ☐ 4 months ago

b. Which persons were covered?

Person No. Name

4146

.....

4148

.....

4150

.....

4152

.....

4154

.....

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 - AMOUNTS (Continued)

Part B - SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300	<input type="checkbox"/> ISS Code 100 - Regular/Passbook savings accounts
		4302	<input type="checkbox"/> ISS Code 101 - Money market deposit accounts
		4304	<input type="checkbox"/> ISS Code 102 - Certificates of deposit or other savings certificates
		4306	<input type="checkbox"/> ISS Code 103 - Interest-earning checking accounts (such as NOW or Super-NOW accounts)
1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.			
CHECK ITEM A9	Interview status of . . . 's spouse.	4308	<input type="checkbox"/> No spouse in household - <i>SKIP to 3b</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3a</i>
2a. Did . . . own any of these jointly with . . . 's (husband/wife)?		4310	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 3b</i>
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?		4312	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Statement A, page 56</i> </div>
c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)? ★		4314	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px;">00</div> <div style="margin-left: 10px;">- <i>SKIP to 3a</i></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None - <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Statement A, page 56</i> </div>
d. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)		4316	<input type="checkbox"/> Yes - <i>Mark Callback Summary and Reminder Card, Item 5</i> <input type="checkbox"/> No
3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?		4318	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Statement A, page 56</i>
b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?		4320	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Statement A, page 56</i> </div>
c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★		4322	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px;">00</div> <div style="margin-left: 10px;"> <i>SKIP to next ISS Code or Statement A, page 56</i> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Statement A, page 56</i> </div>
d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		4324	<input type="checkbox"/> Yes - <i>Mark Callback Summary and Reminder Card, Item 6</i> <input type="checkbox"/> No

NOTES

Section 3 - AMOUNTS (Continued)

Part C - OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)

**CHECK
ITEM A10**

Asset types owned.
Mark (X) all that apply.

4400
4402
4404
4406

- 1 ☐ ISS Code 104 - Money market funds
2 ☐ ISS Code 105 - U.S. Government securities
3 ☐ ISS Code 106 - Municipal or corporate bonds
4 ☐ ISS Code 107 - Other interest-earning assets -
Specify z

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

**CHECK
ITEM A11**

Interview status of . . . 's spouse.

4408

- 1 ☐ No spouse in household - SKIP to 3b
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted -
SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4410

- 1 ☐ Yes
2 ☐ No - SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4412

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or
Statement A, page 56

c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)? ★

4414

\$. 00 - SKIP to 3a

- x3 ☐ None - SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or
Statement A, page 56

d. If I were to call back later, would you be able to provide me with an estimate of the total amount? (This information is especially important for the purposes of this survey.)

4416

- 1 ☐ Yes - Mark Callback Summary and
Reminder Card, Item 7
2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

4418

- 1 ☐ Yes
2 ☐ No - SKIP to next ISS Code or
Statement A, page 56

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4420

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or
Statement A, page 56

c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★

4422

\$. 00

- x3 ☐ None } SKIP to next ISS Code or
Statement A, page 56
x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or
Statement A, page 56

d. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

4424

- 1 ☐ Yes - Mark Callback Summary } SKIP to next
and Reminder Card, Item 8 } ISS Code or
Statement A, page 56
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)	
Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)	
1a. Earlier you told me that ... owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did ... receive any dividend checks during these 4 months? (Include checks made out jointly to ... and ...'s spouse.)	4500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM A12 Interview status of ...'s spouse.	4502 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1b. During the past 4 months, how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)? ★	4504 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 2a</i> x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 56</i>
c. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 9</i> 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)? ★	4508 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 56</i>
b. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 10</i> 2 <input type="checkbox"/> No
3a. (Besides the money that ... received in dividend checks,) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item A14</i>
CHECK ITEM A13 Interview status of ...'s spouse.	4514 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i>
3b. During the 4-month period, how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?	4516 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 56</i>
c. During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?	4518 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 56</i>
CHECK ITEM A14 Interview status of ...'s spouse.	8032 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 5b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 5a</i>
4a. As of (Read last day of reference period), what was the market value of the stocks or mutual funds held jointly by ... and ...'s (husband/wife)? ★ <i>(Exclude stock in own corporation.)</i>	8034 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 5a</i> x3 <input type="checkbox"/> None – <i>SKIP to 5a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 56</i>
b. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8036 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 11</i> 2 <input type="checkbox"/> No

Section 3 - AMOUNTS (Continued)

Part D - STOCKS AND MUTUAL FUND SHARES (ISS CODE 110) - Continued

5a. Besides the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?

8042

1 ☐ Yes

2 ☐ No - SKIP to next ISS Code or Statement A, page 56

b. As of (Read last day of reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name?
(Exclude stock in own corporation.)

8044

\$

00

SKIP to next ISS Code or Statement A, page 56

x2 ☐ Ref.

x1 ☐ DK



c. If I were to call back later, would you be able to provide me with an estimate of the amount?
(This information is especially important for the purposes of this survey.)

8046

1 ☐ Yes - Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

SKIP to next ISS Code or Statement A, page 56

NOTES

AMOUNTS - PARTS D & E

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

CHECK
ITEM A15

Interview status of . . . 's spouse.

4600

- 1 ☐ No spouse in household - SKIP to 3a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted - SKIP to 3a

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months?

Include only property owned entirely by couple.

4602

- 1 ☐ Yes
2 ☐ No - SKIP to 2d

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or Statement A, page 56

c. What is your best estimate of the amount that was cleared after expenses?

4606

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or Statement A, page 56

} SKIP to 2e

4608

- x4 ☐ Lost money - Enter amount of loss in box - SKIP to 2e

d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).)

8052

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 3a

e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?

8054

Number of properties

- x3 ☐ None - SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or Statement A, page 56

f. Were any of these properties attached to or located on the same land as . . . 's own residence?

8056

- 1 ☐ Yes - All rental properties on residence - SKIP to 3a
2 ☐ Yes - Some rental properties on residence
3 ☐ No

g. (Excluding properties attached to or located on . . . 's own residence,) as of (Read last day of reference period), what was the total market value of the property(ies)?

8068

\$. 00

- x1 ☐ DK
x2 ☐ Ref. - SKIP to next ISS Code or Statement A, page 56

} SKIP to 2i

h. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8070

- 1 ☐ Yes - Mark Callback Summary and Reminder Card, Item 13
2 ☐ No

i. (Excluding properties attached to or located on . . . 's own residence,) was there a mortgage, deed of trust, or other debt on the property(ies)?

8072

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 3a

j. As of (Read last day of reference period), how much principal was owed on the property(ies)?

8074

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120) (Continued)

3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 four months?	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3d
b. About how much was received in gross rent from this property during the 4-month period?	4612 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
c. What is your best estimate of the amount that was cleared after expenses?	4614 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to 3e x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56 4616 x4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to 3e
d. As of (Read last day of reference period), did . . . own any rental property in . . . 's OWN name?	8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4a, page 54
e. How many properties did . . . own in . . . 's OWN name as of (Read last day of reference period)?	8078 <input type="text"/> Number of properties x3 <input type="checkbox"/> None - SKIP to 4a, page 54 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
f. Were any of these properties attached to or located on the same land as . . . 's own residence?	8080 1 <input type="checkbox"/> Yes - All rental properties on residence - SKIP to 4a, page 54 2 <input type="checkbox"/> Yes - Some rental properties on residence 3 <input type="checkbox"/> No
g. (Excluding properties attached to or located on . . . 's own residence,) as of (Read last day of reference period), what was the total market value of the property(ies)?	8092 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to 3i x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
h. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8094 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 14 2 <input type="checkbox"/> No
i. (Excluding properties attached to or located on . . . 's own residence,) was there a mortgage, deed of trust, or other debt on the property(ies)?	8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4a, page 54
j. As of (Read last day of reference period), how much principal was owed on the property(ies)?	8098 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120) (Continued)

4a. Did ... receive rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)	4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4c
b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?	4620 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to 4d x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56 4622 x4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to 4d
c. Did ... own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by ... and ...'s spouse.)	8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 56 x1 <input type="checkbox"/> DK
d. How many properties did ... own jointly with others as of (Read last day of reference period)?	8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None - SKIP to next ISS Code or Statement A, page 56 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
e. As of (Read last day of reference period), what was the total market value of the property(ies)?	8116 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
f. Was there a mortgage, deed of trust, or other debt on the property(ies)?	8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4h x1 <input type="checkbox"/> DK
g. As of (Read last day of reference period), how much principal was owed on the property(ies)?	8120 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
h. As of (Read last day of reference period), what was the total value of ...'s SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)	8122 \$ <input type="text"/> . <input type="text"/> 00 } - SKIP to next ISS Code for Statement A, page 56 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement A, page 56
i. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8124 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 15 } SKIP to next ISS Code or Statement A, page 56 2 <input type="checkbox"/> No

NOTES

Section 3 - AMOUNTS (Continued)

Part F - MORTGAGES, ROYALTIES, AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A16	Asset types owned. Mark (X) all that apply.	4700	1 <input type="checkbox"/> ISS Code 130 - Mortgages
		4702	2 <input type="checkbox"/> ISS Code 140 - Royalties
		4704	3 <input type="checkbox"/> ISS Code 150 - Other financial investments
CHECK ITEM A17	Is ISS Code 130 marked in Check Item A16	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3
CHECK ITEM A18	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household - SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to 2a
	1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2b
	b. During the past 4 months, how much interest was paid to ... and ...'s (husband/wife) by the borrower?	4712	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-left: 10px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
	2a. (Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A19
	b. (Earlier you said ... held a mortgage.) During the past 4 months, how much interest was paid to ... by the borrower?	4716	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-left: 10px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
CHECK ITEM A19	Is ISS Code 140 or 150 marked in Check Item A16?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Statement A, page 56
	3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? <i>If income was shared, count only ...'s share.</i>	4720	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-left: 10px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to Statement A, page 56 </div>
		4722	x4 <input type="checkbox"/> Lost money - Enter amount of loss in box
CHECK ITEM A20	Is ISS Code 150 marked in Check Item A16?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Statement A, page 56
	4. As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.) <i>If investment is jointly owned, count only ...'s share of equity.</i>	8132	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-left: 10px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>

} SKIP to Statement A, page 56

NOTES